

## **QUARTERLY STATEMENT**

As of September 30, 2020 of the Condition and Affairs of the

### APPALACHIAN INSURANCE COMPANY

NAIC Group Code.	0065,	006	5
	(Current Pe	riod)	(Prior Period)

NAIC Company Code..... 10316

Employer's ID Number.... 05-0284861

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile

Incorporated/Organized..... April 14, 1941

Commenced Business..... January 1, 1942

Statutory Home Office

270 Central Avenue .. Johnston .. RI .. US .. 02919-4949 (City or Town, State, Country and Zip Code)

Main Administrative Office

270 Central Avenue .. Johnston .. RI .. US .. 02919-4949 (Street and Number) (City or Town, State, Country and Zip Code)

401-275-3000 (Area Code) (Telephone Number)

Mail Address

P.O. Box 7500 .. Johnston .. RI .. US .. 02919-0750 (Street and Number or P. O. Box)

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

270 Central Avenue .. Johnston .. Rl .. US .. 02919-4949

(City or Town, State, Country and Zip Code)

401-275-3000 (Area Code) (Telephone Number)

Internet Web Site Address Statutory Statement Contact

www.fmglobal.com Michael Gariglio

(Street and Number)

(Name)

(Area Code) (Telephone Number) (Extension)

michael.gariglio@fmglobal.com

(E-Mail Address)

401-946-8306 (Fax Number)

401-415-1892

#### **OFFICERS**

Name 1. Thomas Alan Lawson

3. Rachel Cope

Title Chairman & Chief Executive Officer

Name 2. Jonathan Irving Mishara

Title Senior Vice President & Secretary

Vice President & Treasurer

Vice President & Controller

4. Denise Anastasia Hebert

#### OTHER

**Bret Nils Ahnell** Malcolm Craig Roberts Deanna Ruth Fidler

**Executive Vice President Executive Vice President** Senior Vice President

Kevin Scott Ingram Sanjay Chawla James Robert Galloway # **Executive Vice President** Senior Vice President **Executive Vice President** 

#### **DIRECTORS OR TRUSTEES**

Frank Thomas Connor Gracia Catherine Martore Michel Giannuzzi

Daniel Lee Knotts Christine Mary McCarthy Glenn Rodney Landau

Thomas Alan Lawson Stuart Blain Parker **David Thomas Walton** 

John Anderson Luke Jr Israel Ruiz

(Cianatura)

State of. Rhode Island County of..... Providence

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Oighatare)	(Olgitature)	(Olgitature)
Thomas Alan Lawson	Jonathan Irving Mishara	Rachel Cope
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman & Chief Executive Officer	Senior Vice President & Secretary	Vice President & Controller
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No [ ]
This 10th day of November 2020	b. If no: 1. State the amendment number	
John A. Soares III Notary Public	2. Date filed	·
Expires July 5, 2021	3. Number of pages attached	

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **ASSETS**

	7100	DEIO	O Otata at Data		4
		1	Current Statement Date 2  Nonadmitted	3 Net Admitted Assets	4 December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	174,395,210		174,395,210	196,198,350
2.	Stocks:				
	2.1 Preferred stocks	2,500,000		2,500,000	2,500,000
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				
	3.1 First liens			0	
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)			0	
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$9,675,116), cash equivalents (\$83,259,840) and short-term investments (\$0)	92,934,956		92,934,956	67,310,770
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives				
8.	Other invested assets			0	
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets			0	
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
	Premiums and considerations:	1,300,020		1,000,020	1,022,000
13.	15.1 Uncollected premiums and agents' balances in the course of collection	42 046 112		42,946,113	20, 262, 677
	15.1 Oriconected premiums and agents balances in the course of collection	42,940,113		42,940,113	20,202,077
	and not yet due (including \$0 earned but unbilled premiums)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	379,917		379,917	817,368
	16.2 Funds held by or deposited with reinsured companies			0	, , , , , , , , , , , , , , , , , , ,
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
	Current federal and foreign income tax recoverable and interest thereon				
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
	Furniture and equipment, including health care delivery assets (\$0)				
21.	Net adjustment in assets and liabilities due to foreign exchange rates				
22.					
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25. 26.	Aggregate write-ins for other than invested assets  Total assets excluding Separate Accounts, Segregated Accounts and Protected				
07	Cell Accounts (Lines 12 through 25)				
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)			314,/92,001	
		F WRITE-INS			
1198	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	
	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)				
2501	Cash clearing			0	38
2502				0	
2503				0	
2598	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	
2599	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	0	38

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	December 31 Prior Year
1.	Losses (current accident year \$0)	59,863,156	59,983,599
2.		25,324,992	11,142,132
3.	Loss adjustment expenses	8,019,715	8,128,640
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$1,106,828 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives.		
21.	Payable for securities.		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		1,000,110
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		,020,000
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus.		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)		
38.	Totals (Page 2, Line 28, Col. 3)		
	DETAILS OF WRITE-INS	,,	
2501.			
2503. 2508	Summary of remaining write-ins for Line 25 from overflow page		0
2903. 2998	Summary of remaining write-ins for Line 29 from overflow page	0	0
	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)		
3203.	Summary of remaining write-ins for Line 32 from overflow page		0
	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)		0
_			

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **STATEMENT OF INCOME**

		1	2	3
		Current Year	Prior Year	Prior Year Ended
		to Date	to Date	December 31
I	UNDERWRITING INCOME	10 2410	to Buto	Boodingor or
1	Premiums earned:			
	1.1 Direct(written \$0)			
	1.2 Assumed (written \$62,282,261)			75,108,152
	1.3 Ceded (written \$10,000)			
	1.4 Net	62,272,261	54,835,475	75,098,152
	DEDUCTIONS:			
	Losses incurred (current accident year \$47,561,360): 2.1 Direct	(3,000)		
	2.2 Assumed.	47 564 360	28 303 753	39 445 889
	2.3 Ceded			
	2.4 Net			
3.	Loss adjustment expenses incurred	1,764,194	1,707,521	1,215,506
	Other underwriting expenses incurred			21,913,082
5.	Aggregate write-ins for underwriting deductions	0	0	0
	Total underwriting deductions (Lines 2 through 5)			62,574,477
	Net income of protected cells			10 502 675
Ö.		(3,874,024)	9,531,085	12,523,075
	INVESTMENT INCOME			
	Net investment income earned			
10.	Net realized capital gains (losses) less capital gains tax of \$1,107,000	4,163,608	(151,621)	(49,342)
11.	Net investment gain (loss) (Lines 9 + 10)	8,035,211	4,633,011	6,420,549
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off			
	(amount recovered \$0 amount charged off \$0)	0		
13.	Finance and service charges not included in premiums			
	Aggregate write-ins for miscellaneous income	-		
	Total other income (Lines 12 through 14)	0	U	0
10.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	4 160 587	14 164 606	18 044 224
17	Dividends to policyholders	4,100,307	14,104,030	10,344,224
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and			
10.	foreign income taxes (Line 16 minus Line 17)	4.160.587	14.164.696	18.944.224
	Federal and foreign income taxes incurred			
	Net income (Line 18 minus Line 19) (to Line 22)			
	CAPITAL AND SURPLUS ACCOUNT			
21	Surplus as regards policyholders, December 31 prior year	202 201 750	197 375 500	197 375 500
	Net income (from Line 20)			
	Net transfers (to) from Protected Cell accounts		11,192,211	13,020,404
	Change in net unrealized capital gains or (losses) less capital gains tax of \$(3,000)		10.134	5,696
	Change in net unrealized foreign exchange capital gain (loss)			
	Change in net deferred income tax			38,000
	Change in nonadmitted assets			(18,000)
28.	Change in provision for reinsurance			(138,000)
	Change in surplus notes			
	Surplus (contributed to) withdrawn from protected cells			
	Cumulative effect of changes in accounting principles			
	Capital changes:			
	32.1 Paid in			
	32.2 Transferred from surplus (Stock Dividend)			
	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
	33.3 Transferred from capital			
	Net remittances from or (to) Home Office			
	Dividends to stockholders			
	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus	0	0	0
38.	Change in surplus as regards policyholders (Lines 22 through 37)	4,050,916	11,206,345	14,916,160
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	206,342,675	198,581,944	202,291,759
0504	DETAILS OF WRITE-INS		ı	
	Summary of remaining write-ins for Line 5 from overflow page		0	0
	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)		0	0
	Totalo (Elino oco Filina oco pias ocos) (Elino o aboro).			
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	0
3703.	0			
3703. 3798.	Summary of remaining write-ins for Line 37 from overflow page	0	0	0

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **CASH FLOW**

	CASH FLOW	1 4	0	2
		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	39,588,825	53,985,668	72,989,324
2.	Net investment income	4,177,649	4,896,826	6,581,698
3.	Miscellaneous income			
4.	Total (Lines 1 through 3)	43,766,474	58,882,494	79,571,022
5.	Benefit and loss related payments	32,746,478	48,717,850	60,928,655
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	18,694,850	17,089,333	23,289,051
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$(13,092) tax on capital gains (losses)	(669,430)		432,922
10.	Total (Lines 5 through 9)	50,771,898	65,807,183	84,650,628
11.	Net cash from operations (Line 4 minus Line 10)	(7,005,424)	(6,924,689)	(5,079,606
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	102,157,209	34,517,406	71,173,421
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
10.	13.1 Bonds	75,420,720	36 925 846	60 862 706
	13.2 Stocks.	· · ·		, ,
	13.3 Mortgage loans			
	13.4 Real estate.			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			00 000 700
4.4	13.7 Total investments acquired (Lines 13.1 to 13.6)			60,862,796
14.	Net increase or (decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	28,028,971	(2,399,751)	10,316,808
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	4,600,639	5,984,667	8,152,619
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	4,600,639	5,984,667	8,152,619
RI	ECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	25,624,186	(3,339,773)	13,389,821
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	67,310,770	53,920,949	53,920,949
	19.2 End of period (Line 18 plus Line 19.1)	92,934,956	50,581,176	67,310,770
Note:	Supplemental disclosures of cash flow information for non-cash transactions:		<u></u>	· · ·
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#### Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices (required NAIC disclosure regardless of whether there is any significant change)

The accompanying financial statements of Appalachian Insurance Company ("Company") have been prepared on the basis of accounting practices prescribed or permitted by the Rhode Island Division of Insurance.

The state of Rhode Island requires insurance companies domiciled in the state of Rhode Island to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Rhode Island Division of Insurance. The Company has no state prescribed or permitted practices.

		SSAP	F/S	F/S		
		#	Page	Line #	Current Year to Date	2019
NET	INCOME				•	
(1)	The Company state basis					
	(Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 4,153,041	\$ 15,028,464
(2)	State Prescribed Practice that are an increase/(decrease) from NAIC SAP	1	ı	T	-	-
(3)	State Permitted Practice that are an increase/(decrease) from NAIC SAP	•			-	-
(4)	NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$ 4,153,041	\$ 15,028,464
SUF	RPLUS					
(5)	The Company state basis					
	(Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 206,342,675	\$ 202,291,759
(6)	State Prescribed Practice that are an increase/(decrease) from NAIC SAP	_			-	-
(7)	State Permitted Practice that are an increase/(decrease) from NAIC SAP	•	1	1	-	-
(8)	NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	\$ 206,342,675	\$ 202,291,759

B. Use of Estimates

No significant changes.

- C. Accounting Policy
  - (1) No significant changes.
  - (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method (required NAIC disclosure regardless of whether there is any significant change)

Non loan-backed bonds with NAIC designations 1 or 2 are stated at amortized cost using the interest method. Non loan-backed bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value. See paragraph 6 for loan-backed and structured securities.

(3) - (5)

No significant changes.

(6) Basis for Loan-Backed Securities and Adjustment Methodology (required NAIC disclosure regardless of whether there is any significant change)

U.S. government agency loan-backed and structured securities are valued at amortized value. Other loan-backed and structured securities are valued at either amortized value or fair value, depending on many factors including: type of underlying collateral, whether modeled by NAIC vendor, whether rated (by either NAIC approved rating organization or NAIC Securities Valuation Office), and relationship of amortized value to par value and amortized value to fair value.

(7) - (13)

No significant changes

D. Going Concern (required NAIC disclosure regardless of whether there is any significant change)

Based upon its evaluation of relevant conditions and events, management has concluded that the Company will continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 - Discontinued Operations

Not applicable.

#### Note 5 - Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

No significant changes.

B. Debt Restructuring

No significant changes.

C. Reverse Mortgages

No significant changes.

- D. Loan-Backed Securities (required NAIC disclosure regardless of whether there is any significant change)
  - (1) Description of Sources Used to Determine Prepayment Assumptions

Loan-backed bonds and structured securities are valued at amortized cost using the constant interest rate method, and using an effective yield based on current prepayment assumptions obtained from Bloomberg, rather than anticipated prepayments at the date of purchase. Prepayment assumptions are reviewed periodically and updated in response to changes in market interest rates.

(2) Securities with Recognized Other-Than-Temporary Impairment

Not applicable.

(3) Recognized OTTI securities

Not applicable.

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ -
		2. 12 Months or Longer	\$ -
b.	The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ -
		2. 12 Months or Longer	\$ -

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are supported by a detailed analysis of the underlying credit and cash flows of each security. Unrealized losses are primarily attributable to credit spread widening and increased liquidity discounts. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities, if future events, information and the passage of time causes it to conclude that declines in value are other-than temporary.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) Policies Requiring Collateral

No significant changes.

(2) Collateral Pledged

No significant changes.

- (3) Collateral Received
  - a. Aggregate Amount Collateral Received

No significant changes.

The Fair Value of that Collateral and of the Portion of that Collateral that it has Sold or Repledged (required NAIC disclosure regardless of whether there is any significant change)

\$ 265,980

c. Information about Sources and Uses of Collateral

No significant changes.

(4) Aggregate Value of the Reinvested Collateral

No significant changes.

- (5) Collateral Reinvestment
  - a. Aggregate Amount of Cash Collateral Reinvested

No significant changes.

#### Note 5 - Investments (continued from preceding page)

b. Explanation of Additional Sources of Liquidity for Maturity Date Mismatches

No significant changes.

(6) Detail on Collateral Transactions Not Permitted by Contract or Custom to Sell or Repledge

No significant changes.

(7) Collateral for Securities Lending Transactions that Extend Beyond One Year from the Reporting Date.

No significant changes.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

 Reverse Repurchase Agreements Transactions Accounted for as a Sale (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

J. Real Estate

Not applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not applicable.

L. Restricted Assets

No significant changes.

M. Working Capital Finance Investments (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

N. Offsetting and Netting of Assets and Liabilities (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

O. 5GI Securities

Not applicable.

P. Short Sales

Not applicable.

Q. Prepayment Penalty and Acceleration Fees

No significant changes.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 - Investment Income

No significant changes.

Note 8 – Derivative Instruments (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 9 - Income Taxes

No significant changes.

#### Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes.

#### Note 11 - Debt

A. Debt, Including Capital Notes

Not applicable.

B. FHLB (Federal Home Loan Bank) Agreements (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

#### Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) - (3)

No significant changes.

(4) Components of Net Periodic Benefit Cost (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

(5) - (18)

No significant changes.

B. Description of Investment Policies

Not applicable.

C. Fair Value of Plan Assets

Not applicable.

D. Rate-of-Return Assumptions

Not applicable.

E. Defined Contribution Plans

No significant changes.

F. Multiemployer Plans

Not applicable.

G. Consolidated/Holding Company Plans

No significant changes.

H. Postemployment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

#### Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes.

#### Note 14 - Liabilities, Contingencies and Assessments

No significant changes.

Note 15 - Leases

No significant changes.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes.

### Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable.

#### Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities (continued from preceding page)

B. Transfer and Servicing of Financial Assets

(1) Loaned Securities

No significant changes.

(2) Servicing Assets and Servicing Liabilities (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

(3) Servicing Assets and Liabilities Subsequently Measured at Fair Value

Not applicable.

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

(5) Transfers of Assets Accounted for as Secured Borrowing

Not applicable.

(6) Transfer of Receivables with Recourse

Not applicable.

(7) Repurchase Agreements

Not applicable.

C. Wash Sales (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

Not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

#### Note 20 - Fair Value Measurements (required NAIC disclosure regardless of whether there is any significant change)

#### A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

The Company categorizes its invested assets that are measured at fair value into the three-level fair value hierarchy or designates certain invested assets as carried at net asset value (NAV). Item 4 provides a discussion of each of these categories.

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	N	et Asset Value (NAV)	Total
Assets at Fair Value						
Money Market Mutual Funds	\$ -	\$ -	\$ -	\$	83,259,840	\$ 83,259,840
Total	\$ -	\$ -	\$ -	\$	83,259,840	\$ 83,259,840
Liabilities at Fair Value						
	\$ -	\$ -	\$ -	\$	-	\$ -
Total	\$ -	\$ -	\$ -	\$	-	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company has no assets measured at fair value in the Level 3 category.

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. The Company has no assets measured at fair value in the Level 3 category.

#### Note 20 - Fair Value Measurements (continued from preceding page)

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

The valuation techniques required by the Fair Value Measurements guidance (SSAP 100) are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions.

These two types of inputs create the following fair value hierarchy:

- Level 1 Quoted prices for identical instruments in active markets
- Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and Level 2 model-derived valuations whose inputs are observable or whose significant value drivers are observable
  - Significant inputs to the valuation model are unobservable

The Company elects to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

The Company retains independent pricing vendors to assist in valuing invested assets when the prices are not available from the SVO.

When available, the Company uses quoted market prices to determine the fair value of investment securities, and they are included in Level 1.

When quoted market prices are unavailable, the Company uses quotes from independent pricing vendors based on recent trading activity and other relevant information, including market interest rate curves, referenced credit spreads and estimated prepayment rates, where applicable. These investments are included in Level 2 and are primarily comprised of fixed income securities which are NAIC rated 3 or below.

In infrequent circumstances, the pricing is not available from the pricing vendor and is based on significant unobservable inputs. In those circumstances, the investment security is classified in Level 3. There are no Level 3 investments at the reporting date.

(5) Fair Value Disclosures

Not applicable.

R Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

C. Fair Value Level

> The table below reflects the fair value and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described in Note 20A.

	Α	ggregate Fair							Ne	t Asset Value	N	ot Practicable
Type of Financial Instrument		Value	A	dmitted Assets		(Level 1)	(Level 2)	(Level 3)		(NAV)	(C	arrying Value)
Bonds	\$	188,758,962	\$	174,395,210	\$	-	\$ 174,395,210	\$ -	\$	-	\$	-
Preferred Stock	\$	2,500,000	\$	2,500,000	\$	-	\$ 2,500,000	\$ -	\$	-	\$	-
Cash and cash equivalents	\$	92,934,956	\$	92,934,956	\$	9,675,116	\$ -	\$ -	\$	83,259,840	\$	-
Securities lending reinvested												
collateral assets	\$	265,980	\$	265,980	\$	265,980	\$ -	\$ -	\$		\$	-
Total	\$	284,459,898	\$	270,096,146	55	9,941,096	\$ 176,895,210	\$ -	65	83,259,840	\$	-

D Not Practicable to Estimate Fair Value

Not Applicable

Ē. **NAV Practical Expedient Investments** 

> The Company elects to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

#### Note 21 - Other Items

Not applicable.

Note 22 - Events Subsequent

No significant changes.

Note 23 - Reinsurance

No significant changes.

#### Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A-E. Not applicable

F. Risk Sharing Provisions of the Affordable Care Act (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses (required NAIC disclosure regardless of whether there is any significant change)

No significant changes.

Note 26 - Intercompany Pooling Arrangements

No significant changes.

Note 27 - Structured Settlements

Not applicable.

Note 28 - Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

Note 30 - Premium Deficiency Reserves

No significant changes.

Note 31 - High Deductibles

Not applicable.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable.

Note 33 - Asbestos/Environmental Reserves

No significant changes.

Note 34 - Subscriber Savings Accounts

Not applicable.

Note 35 - Multiple Peril Crop Insurance

Not applicable.

#### Note 36 - Financial Guaranty Insurance

A. Financial Guaranty Insurance Contracts

Not applicable.

B. Schedule of Insured Financial Obligations at the End of the Period (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES**

#### **PART 1 - COMMON INTERROGATORIES**

#### **GENERAL**

1.1	as required by the Model Act?	iviaterial fransactions with the State of Domicie,		Yes[]	] No[X]
1.2	If yes, has the report been filed with the domiciliary state?			Yes [	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of reporting entity?	incorporation, or deed of settlement of the		Yes[]	
2.2	If yes, date of change:				
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or If yes, complete Schedule Y, Parts 1 and 1A.	more affiliated persons, one or more of which is an insurer?		Yes [X	] No[]
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end	?		Yes[]	] No [ X ]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.				
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?			Yes [ ]	] No [ X ]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the	e entity/group.			
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by If yes, complete and file the merger history data file with the NAIC for the annual filing correspondence.			Yes [ ]	] No[X]
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state a result of the merger or consolidation.	abbreviation) for any entity that has ceased to exist as a			
	1		2 NAI		3
	Name of Entity		Compa	. ,	State of Domicile
	Name of Entity				Domicie
5.	If the reporting entity is subject to a management agreement, including third-party administrator(				
	similar agreement, have there been any significant changes regarding the terms of the agreement lf yes, attach an explanation.	ent or principals involved?	Yes[]	No [ ]	N/A [X ]
6.1	State as of what date the latest financial examination of the reporting entity was made or is being	g made.	12/	/31/2017	
6.2	State the as of date that the latest financial examination report became available from either the should be the date of the examined balance sheet and not the date the report was completed or		12/	/31/2017	•
6.3	State as of what date the latest financial examination report became available to other states or reporting entity. This is the release date or completion date of the examination report and not the		12/	/08/2018	1
6.4	By what department or departments?				
	Rhode Island Division of Insurance				
6.5	Have all financial statement adjustments within the latest financial examination report been account because with Departments?	ounted for in a subsequent financial statement filed	Yes[]	No [ ]	N/A [ X ]
6.6	Have all of the recommendations within the latest financial examination report been complied w	vith?	Yes[]	No [ ]	N/A [ X ]
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corby any governmental entity during the reporting period?	porate registration, if applicable) suspended or revoked		Yes[]	] No [ X ]
7.2	If yes, give full information:				
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Boa	ard?		Yes[]	] No [ X ]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.				
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?			Yes[]	] No [ X ]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's	of the Currency (OCC), the Federal Deposit Insurance			
	1 Affiliate Name	2 3 Location (City, State) FRB	4 OCC	5 FDIC	6 SEC
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting functions) of the reporting entity subject to a code of ethics, which includes the following standar			Yes [X	] No[]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts or				,,
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to				
	(c) Compliance with applicable governmental laws, rules and regulations;				
	(d) The prompt internal reporting of violations to an appropriate person or persons identified i	in the code: and			
	(e) Accountability for adherence to the code.				
9 11	If the response to 9.1 is No, please explain:				
J.11	and respective to 0.1 to 110, produce explain.				
9.2	Has the code of ethics for senior managers been amended?			Yes[]	] No[X]
	If the response to 9.2 is Yes, provide information related to amendment(s).				
	· · · · · · · · · · · · · · · · · · ·				

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES**

#### **PART 1 - COMMON INTERROGATORIES**

Yes[] No[X]

			FINANCIAL					
10.1 I	Does the i	reporting entity report any amounts due from parent, subsidia	aries or affiliates on Page 2 of this	statement?			Yes[]	No [X
10.2 I	f yes, indi	icate any amounts receivable from parent included in the Pag	ge 2 amount:			\$		0
			INVESTMENT					
		of the stocks, bonds, or other assets of the reporting entity knother person? (Exclude securities under securities lending a		nent, or otherwise r	made available for		Yes[]	No [ X
11.2 I	f yes, give	e full and complete information relating thereto:						
12. /	Amount of	f real estate and mortgages held in other invested assets in S	Schedule BA:			\$		0
13. /	Amount of	f real estate and mortgages held in short-term investments:				\$		0
14.1 [	Does the i	reporting entity have any investments in parent, subsidiaries	and affiliates?				Yes [X]	No [
•	14.2 If ye	es, please complete the following:						
					1 ar End Book/Adjusted Carrying Value		2 Quarter Book/Adj Carrying Value	usted
	14.21	Bonds		\$	0 500 000	\$	0.50	0
	14.22 14.23	Preferred Stock Common Stock			2,500,000		2,50	0,000
	14.24	Short-Term Investments			0			0
	14.25 14.26	Mortgage Loans on Real Estate All Other			0			0
	14.27 14.28	Total Investment in Parent, Subsidiaries and Affiliates (Sub Total Investment in Parent included in Lines 14.21 to 14.26	,	\$ \$	2,500,000 0	\$	2,50	0,000
15.1 I	Has the re	eporting entity entered into any hedging transactions reported	d on Schedule DB?				Yes[]	No [ X
15.2 I	f yes, has	s a comprehensive description of the hedging program been	made available to the domiciliary s	tate?		Ye	es [ ] No [ ]	N/A [ X
ı	f no, attac	ch a description with this statement.						
16. I	For the re	porting antitule accurate landing program, state the amount of						
		porting entity's security lending program, state the amount of	f the following as of current stateme	ent date:				
16.1	,	value of reinvested collateral assets reported on Schedule D	•	ent date:		\$	2	65,980
	Total fair v		L, Parts 1 and 2:			\$		65,980 65,980
16.2	Total fair v	value of reinvested collateral assets reported on Schedule D	L, Parts 1 and 2:			-	2	
16.2 <sup>-</sup> 16.3 <sup>-</sup> 17. I	Total fair v Total book Total paya Excluding offices, va custodial a	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets repo	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments held ar securities, owned throughout the ince with Section 1, III - General Ex	2: d physically in the r current year held p camination Conside	oursuant to a	\$	2	65,980 65,980
16.2 <sup>-</sup> 16.3 <sup>-</sup> 17. I	Total fair value for the following of the following for the following	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, meaults or safety deposit boxes, were all stocks, bonds and othe agreement with a qualified bank or trust company in accorda	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments hele er securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners F	2: d physically in the r current year held p camination Conside dandbook?	oursuant to a rations, F. Outsourcing the following:	\$	2	65,980 65,980
16.2 <sup>-</sup> 16.3 <sup>-</sup> 17. I	Total fair value for the following of the following for the following	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported befor securities lending reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, meanults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accordate Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments hele er securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners F	2: d physically in the r current year held p camination Conside dandbook?	oursuant to a rations, F. Outsourcing the the following:	\$	2	65,980 65,980
16.2 <sup>-</sup> 16.3 <sup>-</sup> 17. I	Total fair v Total book Total paya Excluding Offices, va custodial a off Critical 17.1 For	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported by able for securities lending reported on the liability page:  Items in Schedule E-Part 3-Special Deposits, real estate, meanults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments hele er securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners F	2: d physically in the r current year held p tamination Conside dandbook? Handbook, complet	oursuant to a rations, F. Outsourcing the following:	\$ \$ Address	2	65,980 65,980
16.2 <sup>-1</sup>	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For UF 17.2 For	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported by a collateral assets reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, meanults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accordate Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners For the ICF Financial Condition Examiners For the NAIC Financial Condition Examiners For	d physically in the r current year held p camination Conside Handbook, complet 383 Madison Ave	oursuant to a erations, F. Outsourcing the the following:  Custodian nue, New York, NY 10	\$ \$ Address 79	2 2 Yes [X]	65,980 65,980
16.2 <sup>-1</sup>	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For UF 17.2 For	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported by a collateral assets reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, mutts or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)  Morgan Worldwide Securities Services  all agreements that do not comply with the requirements of the value of	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the noce with Section 1, III - General Ex C Financial Condition Examiners H	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, paraminers Handbook,	oursuant to a erations, F. Outsourcing the the following:  Custodian nue, New York, NY 10	\$ \$ Address	2 2 Yes [X]	65,980
116.2	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For UF 17.2 For loca 17.3 Hav	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, maults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)  Morgan Worldwide Securities Services  all agreements that do not comply with the requirements of the testion and a complete explanation:  1 Name(s)	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners For the NAIC Financial Condition Examiners Fo	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,	\$ \$ Address 79	2 2 Yes [X]	No [
116.2	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For UF 17.2 For loca 17.3 Hav	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported by able for securities lending reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, mounts or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)  P Morgan Worldwide Securities Services all agreements that do not comply with the requirements of the station and a complete explanation:	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners For the NAIC Financial Condition Examiners Fo	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,	\$ \$ Address 79	Yes [X]	No [
116.2	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For UF 17.2 For loca 17.3 Hav	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, maults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)  Morgan Worldwide Securities Services  all agreements that do not comply with the requirements of the ston and a complete explanation:  1 Name(s)	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the noce with Section 1, III - General Ex C Financial Condition Examiners For the NAIC Financial Condition Examiners Fo	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,	\$ \$ Address 79 Complete Ex	Yes [X]	65,980
16.2	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For  17.2 For loca 17.3 Hav 17.4 If ye of th	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  items in Schedule E-Part 3-Special Deposits, real estate, mults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)  Morgan Worldwide Securities Services  all agreements that do not comply with the requirements of the tation and a complete explanation:  1 Name(s)  ve there been any changes, including name changes, in the case, give full and complete information relating thereto:	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the noce with Section 1, III - General Ex C Financial Condition Examiners Hall C Financial Condition Examiners Function and Condition Examiners Function (Security 1) and Condition Examiners Function (Security 2) and Condition (Sec	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,  a Date of Change  s that have the authorit	\$ \$ Address 79 Complete Ex	Yes [X]  planation(s)  Yes [ ]  4  Reason  estment decisions accounts", "handle	No [
16.2	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For  17.2 For loca 17.3 Hav 17.4 If ye of th	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  vitems in Schedule E-Part 3-Special Deposits, real estate, mults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI Name of Custodian(s)  Morgan Worldwide Securities Services  all agreements that do not comply with the requirements of the that atton and a complete explanation:  1 Name(s)  Ver there been any changes, including name changes, in the cases, give full and complete information relating thereto:  1 Old Custodian  estment management – Identify all investment advisors, investment ereporting entity. For assets that are managed internally by urities"].	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the noce with Section 1, III - General Ex C Financial Condition Examiners Hall C Financial Condition Examiners Function and Condition Examiners Function (Security 1) and Condition Examiners Function (Security 2) and Condition (Sec	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,  a Date of Change  s that have the authorit	\$ Address 79  Complete Ex	Yes [X]  planation(s)  Yes [ ]  4  Reason  estment decisions	No [
16.2 Telephone 16.3 T	Total fair v Total book Total paya Excluding Offices, va custodial a of Critical 17.1 For loca 17.3 Hav 17.4 If ye of th secu	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  vitems in Schedule E-Part 3-Special Deposits, real estate, multis or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI all agreements that comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements and accordance.	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the noce with Section 1, III - General Ex C Financial Condition Examiners For IC Financial Condition Examiners F	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,  a Date of Change  s that have the authorit	\$ Address 79  3 Complete Ex	Yes [X]  planation(s)  Yes [ ]  4  Reason  estment decisions accounts", "handle	No [
116.2	Total fair v Total book Total paya Excluding offices, va custodial a of Critical 17.1 For loca 17.3 Hav 17.4 If ye of th sect	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  vitems in Schedule E-Part 3-Special Deposits, real estate, mults or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI all agreements that do not comply with the requirements of the ston and a complete explanation:  1 Name of Custodian(s)  P Morgan Worldwide Securities Services  all agreements that do not comply with the requirements of the ston and a complete explanation:  1 Name(s)  Ver there been any changes, including name changes, in the orange of the seas, give full and complete information relating thereto:  1 Old Custodian  estment management – Identify all investment advisors, investment ereporting entity. For assets that are managed internally by urrities"].  Name of anjay Chawla, SVP, Chief Investment Officer aniel Richards, VP, Portfolio Mgr Fixed Income	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the noce with Section 1, III - General Ex C Financial Condition Examiners For IC Financial Condition Examiners F	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pan(s)	e the following:  Custodian nue, New York, NY 10 provide the name,  a Date of Change  s that have the authorit	\$ Address 79  3 Complete Ex	Yes [X]  planation(s)  Yes [ ]  4  Reason  estment decisions accounts", "handle	No [
116.2	Total fair v Total book Total paya Excluding offices, va custodial a of Critical 17.1 For 17.2 For loca 17.3 Have 17.4 If ye of th sect	value of reinvested collateral assets reported on Schedule D k adjusted/carrying value of reinvested collateral assets reported assets reported on the liability page:  vitems in Schedule E-Part 3-Special Deposits, real estate, multis or safety deposit boxes, were all stocks, bonds and other agreement with a qualified bank or trust company in accorda Functions, Custodial or Safekeeping Agreements of the NAI all agreements that comply with the requirements of the NAI all agreements that comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements that do not comply with the requirements of the NAI all agreements and accordance.	L, Parts 1 and 2:  rted on Schedule DL, Parts 1 and 2  ortgage loans and investments helder securities, owned throughout the ince with Section 1, III - General Ex C Financial Condition Examiners For IC Financial Condition Examiners F	d physically in the recurrent year held paramination Consider Handbook, completed 383 Madison Aveniners Handbook, pon(s)  g the current quarted including individual, note as such ["t	pursuant to a prations, F. Outsourcing te the following:  Custodian nue, New York, NY 10 provide the name,  er?  3 Date of Change s that have the authorite that have access to the	Address 79  3 Complete Ex	Yes [X]  planation(s)  Yes [ ]  4  Reason  estment decisions accounts", "handle  2  Affiliation	No [

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY

#### GENERAL INTERROGATORIES

#### **PART 1 - COMMON INTERROGATORIES**

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

		, , , , , , , , , , , , , , , , , , , ,	•	
1	2	3	4	5
				Investment
Central Registration Depository				Management
Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Agreement (IMA) Filed

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [X] No [ ]

18.2 If no. list exceptions:

- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
  - Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - Issuer or obligor is current on all contracted interest and principal payments.
  - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [X]

- By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
  - The security was purchased prior to January 1, 2018.
  - b.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

    The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators. C
  - The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
  - The security was purchased prior to January 1, 2019.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - C. The security had a public credit raing(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - The fund only or predominantly holds bonds in its portfolio.
  - The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES (continued)**

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	If yes, attach an explanation.		
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?	Yes[]	No [X]
	If yes, attach an explanation.		
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?	Yes[]	No [X]
3.2	If yes, give full and complete information thereto:		

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

Yes[] No[X]

Yes[] No[X] N/A[]

4.2 If yes, complete the following schedule:

Operating Percentages:

1	2	3		Total D	iscount			Discount Taker	n During Period	
			4	5	6	7	8	9	10	11
	Maximum	Disc.	Unpaid	Unpaid			Unpaid	Unpaid		
Line of Business	Interest	Rate	Losses	LAE	IBNR	Total	Losses	LAE	IBNR	Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	VVV	VVV	0	0	٥	0	0	0	0	0

5.1 A&H loss percent 0.000% 5.2 A&H cost containment percent 0.000% 0.000% 5.3 A&H expense percent excluding cost containment expenses 6.1 Do you act as a custodian for health savings accounts? Yes [ ] No[X] If yes, please provide the amount of custodial funds held as of the reporting date. 0 Yes[] No[X] 6.3 Do you act as an administrator for health savings accounts? 6.4 If yes, please provide the amount of funds administered as of the reporting date. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[X] No[] If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

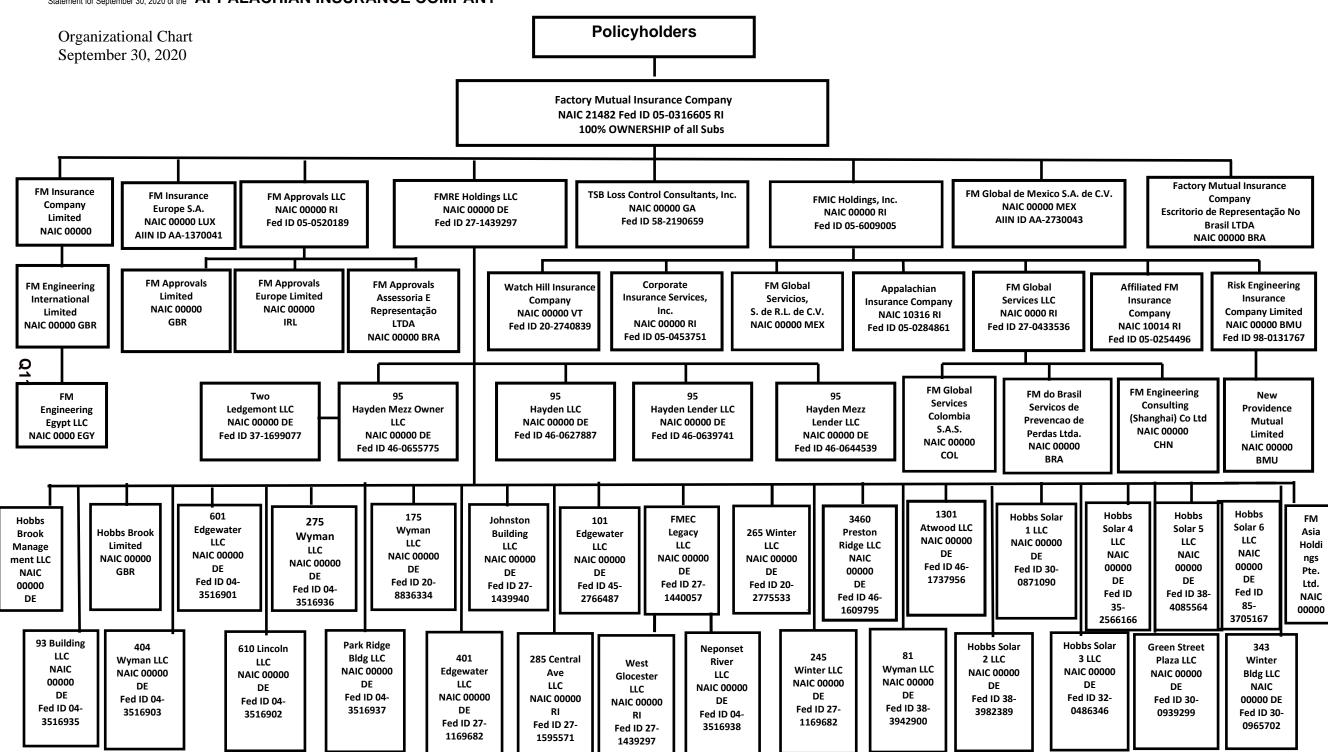
		Showing All New Reinsurers - Current Year to Da	le			
1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
U.S. Insurers						
13716	27-0974075	FIRST GENERAL INSURANCE COMPANY, INC	VT	Unauthorized		
10786	22-3410482	PRINCETON EXCESS & SURPLUS LINES INSURANCE COMPANY	NJ	Authorized		
All Other Insu	urers					
	AA-1560300	ECONOMICAL MUTUAL INSURANCE COMPANY	CAN	Unauthorized		
	AA-3191289	FIDELIS INSURANCE BERMUDA LIMITED	BMU	Authorized		
	98-0227129	THERMO RE, LTD	BMU	Unauthorized		
	98-1404041	THERMO FISHER SCIENTIFIC RE	BMU	Unauthorized		

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY

### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

		1	Direct Premi		Direct Losses Paid (		Direct Losses	s Unpaid
	States, Etc.	Active Status (a)	2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1.	AlabamaAL	E						
2.	AlaskaAK	E		,				
3.	ArizonaAZ							
	ArkansasAR	E						
	CaliforniaCA	E			281,863	127,150	38,298,242	40,248,871
	ColoradoCO	E						
	ConnecticutCT							
	DelawareDE	E						
	District of ColumbiaDC	E						
	FloridaFL	E						184,824
	GeorgiaGA	E						34,259,782
	HawaiiHl IdahoID	E						
	IllinoisIL	E						
	IndianaIN						848	835
	lowaIA	E						
	KentuckyKY							
	LouisianaLA							151
	MaineME							
	MarylandMD							
	MassachusettsMA							
	MichiganMI							10
	MinnesotaMN							-
	MississippiMS							
	MissouriMO	E						20,555,80
	MontanaMT	E						
	NebraskaNE	E						
	NevadaNV							
	New HampshireNH							
	New JerseyNJ							
32.	New MexicoNM	E						
33.	New YorkNY	E				11,695	8,793,982	8,777,173
	North CarolinaNC	E		,				
35.	North DakotaND	E						
36.	OhioOH	E						
	OklahomaOK							
	OregonOR							
	PennsylvaniaPA						787	758
	Rhode IslandRI						2,783	2,968
	South CarolinaSC							
	South DakotaSD							
	TennesseeTN							
	TexasTX						12,880	12,517
	UtahUT	E						
		E						
	VirginiaVA							
	WashingtonWA				13,090	15,815		4,231,87
	West VirginiaWV							1,000
	WisconsinWI							
	WyomingWY							
	American SamoaAS							
	GuamGU							
	Puerto RicoPR							
	US Virgin IslandsVI							
	Northern Mariana IslandsMP	N						
	CanadaCAN	E						
	Aggregate Other AlienOT			0	0			
9.	Totals	XXX	0	0	294,953	154,660	107,908,101	108,276,576
004		XXX	<u> </u>	DETAILS OF V	WKITE-INS			
		XXX						
υυZ.		XXX						
เบบร	Summary of remaining write-ins	///						
		VVV	0	0	0	0	0	
3998.		X X X						
3998.	for Line 58 from overflow page	XXX	ļ			Į.		
998. 999.	for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	(
998. 999. a)	for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) Active Status Count	XXX		0	0	0	0	(
998. 999. a)	for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	domiciled RRG	0	R - Registered - Nor	ı-domiciled RRGs	0	



### **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

The content of the								PART 1A - DETAIL OF INSU	JRANCE	: HOLDING	COMPANY SYSTEM					
Track   Company   Compan		1	2 3	4	5	6	Securities Exchange	8	9	10	11	Type of Control (Ownership		14	ls an	16
Page   Page   Maria Insurance Company & Is Affiliated   Page		Code	Group Company Name Code			CIK	(U.S. or	Parent, Subsidiaries		to Reporting		Attorney-in-Fact,	Provide		Required'	? *
March   Marc	Г			0- 00/000-			<u> </u>	I		I <u>.</u>					Ι	T. 1
										UIP						. 1
Mode   Factory Mates   Invasiones Corporary & St. Affiliates.   100.000   Factory Mates   Invasiones			, ,					' '		IA	3-,			, , ,		. 1
Door   Factory Markal Insurance Company   A.   A.   Factory Markal Insurance Company   N.			, ,					'' '		RE	5 ,			, , ,		. 1
Company   Start   Malaul Insurance Company   Start   Malaul Insurance Company   Start   Malaul Insurance Company   Amening   Company   Start   Malaul Insurance Company   Amening   Company   Start   Malaul Insurance Company   Amening   Company   Start   Start   Company			· · · · · · · · · · · · · · · · · · ·						-	IA		·		, ,		
1000   Factory Mutual Insurance Company & its Affiliations   100000   2074/49383   20000   2074/4938   20000   2074/4938			, , , , , , , , , , , , , , , , , , , ,						-	IA				, , ,	N	
Mach Hill Insurance Company & B. Affiliates   00000   22-746329   Weach Hill Insurance Company, with A Fill Insurance Company & B. Affiliates   00000   5-045751   Comprote Insurance Services, Inc.   NA   NA   Fill Fill Fill Fill Fill Fill Fill Fi			, ,					•		IA				, , ,	Y	
Pactory Mutual Insurance Company & its Affiliates   0000			, , , , , , , , , , , , , , , , , , , ,							IA				, , , , , , , , , , , , , , , , , , , ,		
Red			, ,					' '		IA	•	·				
Eactory Mutual Insurance Company & its Affiliates		0000	Factory Mutual Insurance Company & its Affiliates 00000	05-0453751				Corporate Insurance Services, Inc	RI	NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates   00000																
		0000	Factory Mutual Insurance Company & its Affiliates 00000					New Providence Mutual Limited	BMU	IA	Limited	Ownership	100.000	Factory Mutual Insurance Company	N	
February Mutual Insurance Company & its Affiliates		0000	Factory Mutual Insurance Company & its Affiliates 00000						BRA	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
Factory Mutual Insurance Company & its Affiliates.   00000.	3	0000	Factory Mutual Insurance Company & its Affiliates 00000	05-0520189				FM Approvals LLC	RI	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	N	
Find provals Limited   Find Approvals Limite	၁	0000	Factory Mutual Insurance Company & its Affiliates 00000					FM Engineering International Limited	GBR	NIA	FM Insurance Company Limited	Ownership	100.000	Factory Mutual Insurance Company	N	
Find provals Limited   Find Approvals Limite		0000	Factory Mutual Insurance Company & its Affiliates 00000					FM Engineering Consulting (Shanghai) Co. Ltd.	CHN	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
FM Approvals Assessoria E Representação   ETA Approvals LITDA.   FM Approvals LITDA.		0000	Factory Mutual Insurance Company & its Affiliates 00000					FM Approvals Limited	GBR		FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
								FM Approvals Assessoria E Representação				·				
		0000	Factory Mutual Insurance Company & its Affiliates 00000						BRA	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
		0000	Factory Mutual Insurance Company & its Affiliates 00000	27-1439297				FMRE Holdings LLC	DE	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	N	
0000   Factory Mutual Insurance Company & its Affiliates   0000   05-6009005.   FMIC Holdings, Inc.   FMIC Holdings, Inc.   NIA.   FMIC Holdings, Inc.   Ownership.   100.000   Factory Mutual Insurance Company & its Affiliates   00000.   Factory Mutual Insurance Company & its		0000	Factory Mutual Insurance Company & its Affiliates 00000	58-2190659				TSB Loss Control Consultants, Inc	GA	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
Factory Mutual Insurance Company & its Affiliates.   00000.   Factory Mutual Insurance Company & its Affiliates.   00000.   Pactory Mutual Insurance Company & its Affiliates.   00000.		0000	Factory Mutual Insurance Company & its Affiliates 00000	05-6009005				FMIC Holdings, Inc	RI	UDP		Ownership	100.000	Factory Mutual Insurance Company	Y	
FM do Brasil Servicos de Prevençao de Perdas BRA. NIA. FM Global Services LLC. Ownership		0000	Factory Mutual Insurance Company & its Affiliates 00000					FM Global Servicios, S.de R.L. de C.V	MEX	NIA		Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates		0000	Factory Mutual Insurance Company & its Affiliates 00000	27-0433536				FM Global Services LLC	RI	NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates								EM do Brasil Servicos de Prevenção de Perdas			_					
Factory Mutual Insurance Company & its Affiliates.  0000 Factory Mutual Insurance Company & its Affiliates.		0000	Factory Mutual Insurance Company & its Affiliates 00000						BRA	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates.    0000   Factory Mutual Insurance Company & its Affiliates.   0000   Facto		0000	Factory Mutual Insurance Company & its Affiliates 00000	04-3516902				610 Lincoln LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates.    0000   Factory Mutual Insurance Company & its Affiliates.   0000   Facto		0000	Factory Mutual Insurance Company & its Affiliates 00000	04-3516903				404 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates		0000	Factory Mutual Insurance Company & its Affiliates 00000	04-3516936				275 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000		N	
Factory Mutual Insurance Company & its Affiliates		0000	Factory Mutual Insurance Company & its Affiliates 00000	20-8836334				175 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
Factory Mutual Insurance Company & its Affiliates								Park Ridge Building LLC		NIA	FMRE Holdings LLC	Ownership			N	
0000         Factory Mutual Insurance Company & its Affiliates											=	·				
0000 Factory Mutual Insurance Company & its Affiliates				20-2775533				1		NIA	-	· ·		, , ,	N	
0000 Factory Mutual Insurance Company & its Affiliates 00000 27-1440057								245 Winter LLC		NIA	=	·		, ,	N	
											FMRE Holdings LLC					
				04-3516938				Neponset River LLC		NIA	FMEC Legacy LLC	Ownership	100.000		N	

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### **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						PART IA - DETAIL OF INST		LIOLDING	JOOINI AINT OTOTEIN					
1	2	3	4	5	6 7 Name of	8	9	10	11	12 Type of	13	14	15	16
					Securities					Control				ı
					Exchange					(Ownership			ls an	ı
		NAIC			if Publicly Traded	Names of		Relationship		Board, Management.	If Control is Ownership		SCA Filina	.
Group	Group	Company	ID	Federal	(U.S. or	Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	.
Code	Name	Code	Number		CIK International		Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
	Factory Mutual Insurance Company & its Affiliates	. 00000	27-1439297			West Glocester LLC	RI	NIA	FMEC Legacy LLC	Ownership	100.000	Factory Mutual Insurance Company	N	,
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	04-3516901			601 Edgewater LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	27-1595571			285 Central Avenue, LLC	RI	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	04-3516897			Hobbs Brook Management LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000				Hobbs Brook Limited	GBR	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	45-2766487			101 Edgewater LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	27-1169682			401 Edgewater LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	27-1439940			Johnston Building LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000				FM Global Services Colombia S.A.S	COL	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	37-1699077			Two Ledgemont LLC	DE	NIA	95 Hayden Mezz Owner LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	46-0627887			95 Hayden LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	46-0639741			95 Hayden Lender LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	. 00000	46-0655775			95 Hayden Mezz Owner LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
$\mathbf{O}$	Factory Mutual Insurance Company & its Affiliates	. 00000	46-0644539			95 Hayden Mezz Lender LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	. 00000	46-1609795			3460 Preston Ridge, LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	46-1737956			1301 Atwood LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	38-3942900			81 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	30-0871090			Hobbs Solar 1 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	38-3982389			Hobbs Solar 2 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	32-0486346			Hobbs Solar 3 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000				FM Asia Holdings Pte. Ltd	SGP	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	30-0939299			Green Street Plaza LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	35-2566166			Hobbs Solar 4 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	. 00000				FM Engineering Egypt LLC	EGY	NIA	FM Engineering International Limted	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	30-0965702			343 Winter Bldg LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	,
0000	Factory Mutual Insurance Company & its Affiliates	. 00000				FM Approvals Europe Limited	IRL	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N	,
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	38-4085564			Hobbs Solar 5 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	<sub> </sub>
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	84-4295769			99 Hayden LLC	MA	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	<sub> </sub>
0000	Factory Mutual Insurance Company & its Affiliates	. 00000	85-3705167			Hobbs Solar 6 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	

Asteri Explanation

Pool Participants: Factory Mutual Insurance Company (86%), Affiliated FM Insurance Company (12%), and Appalachian Insurance Company (2%).

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **PART 1 - LOSS EXPERIENCE**

			Current Year to Date		4
	Lines of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
	Fire			0.000 .	
2	Allied lines			0.000 .	
	Farmowners multiple peril			0.000 .	
	Homeowners multiple peril			0.000 .	
5.	Commercial multiple peril			0.000 .	
	Mortgage guaranty			0.000	
8	Ocean marine			0.000	
9.	Inland marine		(3,000)	0.000	
10.	Financial guaranty			0.000	
11.1.	Medical professional liability - occurrence			0.000	
	Medical professional liability - claims-made			0.000	
	Earthquake			0.000	
13	Group accident and health			0.000	
14.	Credit accident and health			0.000	
15	Other accident and health			0.000	
	Workers' compensation			0.000	
	Other liability-occurrence			0.000	
	Other liability-claims made			0.000	
	Excess workers' compensation			0.000	
	Products liability-occurrence			0.000	
	Products liability-claims made			.0.000	
	19.2 Private passenger auto liability			0.000	
	19.4 Commercial auto liability			0.000	
	Auto physical damage			0.000	
	Aircraft (all perils)			0.000	
	Fidelity			0.000	
	Surety			0.000	
	Burglary and theft			0.000	
	Boiler and machinery			0.000	
	Credit			0.000	
	International			0.000	
	Warranty			0.000	
	Reinsurance-nonproportional assumed property		XXX	XXX	XXX
	Reinsurance-nonproportional assumed liability		XXX	XXX	XXX
	Reinsurance-nonproportional assumed financial lines		XXX	XXX	XXX
	Aggregate write-ins for other lines of business		0	0.000	////
	Totals		(2.2.2)	0.000	
JJ	I O(dil)	DETAILS OF WRITE-INS	(3,000)	0.000	
3401		DETITION THAT ENTO		0.000	
3402				0.000	
3403				0.000	
	Sum. of remaining write-ins for Line 34 from overflow page	0	0		XXX
	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)		-		

	Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1 Fire	Lines of Dusiness	Qualter	Teal to Date	Teal to Date
2 Allied lin	98			
3 Farmow	ers multiple peril			
	ners multiple peril			
	cial multiple peril			
	guaranty			
0 0	arine			
	arine			
	guaranty			
	professional liability - occurrence			
	professional liability - claims made			
	ke			
	cident and health			
	cident and health.			
	cident and health			
	compensation			
	pility-occurrence			
17.1 Other lia	nility-claims made			
17.2 Other had	vorkers' compensation			
18.1 Products	oility-claims made vorkers' compensation			
18.2 Products	liability-claims made			
10.2 1 10000ClS	/ate passenger auto liability			
	mmercial auto liability			
	sical damage			
	all perils)			
	gii periio)			
	and theft			
	d machinery			
	u macimely			
	nal			
	nce-nonproportional assumed property		XXX	XXX
	nce-nonproportional assumed liability			XXX
	nce-nonproportional assumed financial lines		XXX	XXX
	e write-ins for other lines of business		0	
	e write-ins for other lines of business		.0	
55. TOTAIS		DETAILS OF WRITE-INS	.0	
3401		DETAILS OF WRITE-INS		<u> </u>
1/108 Sum of	emaining write-ins for Line 34 from overflow page		0.1	n

## PART 3 (000 omitted)

				L(	DSS AND LOSS A	ADJUSTMENT E	XPENSE RESER	VES SCHEDULE					
	1	2	3	4	5	6	7	8	9	10	11	12	13
							Q.S. Date Known	Q.S. Date Known			Prior Year-End Known		Prior Year-End
			Total Prior	2020	2020		Case Loss and	Case Loss and LAE			Case Loss and LAE	IBNR Loss and LAE	Total Loss
	Prior Year-End	Prior Year-End	Year-End	Loss and LAE	Loss and LAE	Total 2020	LAE Reserves on	Reserves on Claims	Q.S. Date	Total Q.S.	Reserves Developed	Reserves Developed	and LAE Reserve
Years in Which	Known Case	IBNR	Loss and	Payments on Claims	Payments on Claims	Loss and		Reported or Reopened	IBNR	Loss and LAE	(Savings)/Deficiency	(Savings)/Deficiency	Developed
Losses	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior	Unreported as of	LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
1. 2017 + Prior	11,150	56,962	68,112	226		226	11,029		56,854	67,883	105	(108)	(3)
2. 2018			0			0				0	0	0	0
3. Subtotals													
2018 + Prior	11,150	56,962	68,112	226	0	226	11,029	0	56,854	67,883	105	(108)	(3)
4. 2019			0			0				0	0	0	0
5. Subtotals													
2019 + Prior	11,150	56,962	68,112	226	0	226	11,029	0	56,854	67,883	105	(108)	(3)
6. 2020	XXX	XXX	XXX	XXX	49,329	49,329	XXX			0	XXX	XXX	XXX
7. Totals	11,150	56,962	68,112	226	49,329	49,555	11,029	0	56,854	67,883	105	(108)	(3)
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		***	,	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	,	,		(/	(3)
8. Prior Year-											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
End's Surplus											As % of Col. 1,	As % of Col. 2,	As % of Col. 3,
As Regards											Line 7	Line 7	Line 7
Policyholders	202,292												

Col. 13, Line 7 Line 8

....0.9 % 2. .....(0.2)% 3. .....(0.0)%

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

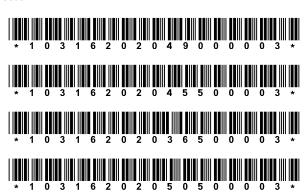
		Пооролю
1	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Response

#### Explanation:

- The data for this supplement is not required to be filed. 1
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.

#### Bar Code:



### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **Overflow Page for Write-Ins**

#### Additional Write-ins for Liabilities:

	1	2
	Current	December 31,
	Statement Date	Prior Year
2904		
2905.		
2997. Summary of remaining write-ins for Line 29		0

#### Additional Write-ins for Liabilities:

Additional Write-ing for Elabilities.	-	
	1	2
	Current	December 31,
	Statement Date	Prior Year
3204.		
3205		
3297. Summary of remaining write-ins for Line 32.	0	0

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE A - VERIFICATION**

Real Estate

	Todi Estats		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition      2.2 Additional investment made after acquisition      Current year change in encumbrances		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

### **SCHEDULE B - VERIFICATION**

Mortgage Loans

	Wortgage Loans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Capitalized deferred interest and other  Accrual of discount  Unrealized valuation increase (decrease)		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10	Deduct current year's other-than-temporary impairment recognized		
11	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12	Total valuation allowance		
13	Subtotal (Line 11 plus Line 12)	0	0
14	Deduct total nonadmitted amounts		
15	Statement value at end of current period (Line 13 minus Line 14)	0	0

### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	•	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	2.2 Additional investment made after acquisition.  Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

	=		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	198,698,350	209,197,728
2.	Cost of bonds and stocks acquired	75,420,720	60,862,796
3.	Accrual of discount	51,101	96,017
4.	Unrealized valuation increase (decrease)		4,914
5.	Total gain (loss) on disposals	5,280,827	(62,742)
6.	Deduct consideration for bonds and stocks disposed of	102,157,209	71,275,374
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	176,895,210	198,698,350
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	176,895,210	198,698,350

### **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

2. NAIC 2 (a)	usted Carrying december 31 or Year
Value End of   Valu	December 31 or Year176,891,674
NAIC Designation of Current Quarter	or Year 176,891,674
BONDS  1. NAIC 1 (a)	176,891,674
1. NAIC 1 (a)	
1. NAIC 1 (a)	
2. NAIC 2 (a) 32,392,305 754,233 3.025,419 23,281,157 32,392,305 36,171,957 3. NAIC 3 (a) 25,886,110 22,835,655 4. NAIC 4 (a)	
2. NAIC 2 (a) 32,392,305 754,233 3.025,419 23,281,157 32,392,305 36,171,957 3. NAIC 3 (a) 25,886,110 22,835,655 4. NAIC 4 (a)	
2. NAIC 2 (a) 32,392,305 754,233 3.025,419 23,281,157 32,392,305 36,171,957 3. NAIC 3 (a) 25,886,110 22,835,655 4. NAIC 4 (a)	
3. NAIC 3 (a) 25,886,110 2,885,375 (165,080) 25,886,110 22,835,655	19,306,676
3. NAIC 3 (a) 25,886,110 2,885,375 (165,080) 25,886,110 22,835,655	
4. NAIC 4 (a)	
4. NAIC 4 (a)	
5. NAIC 5 (a)	
5. NAIC 5 (a)	
6 NAIC 6 (a)	
6 NAIC 6 (a)	
7. Total Bonds	
7. Total Bonds	
PREFERRED STOCK  8. NAIC 1	
PREFERRED STOCK  8. NAIC 1	400 400 050
8. NAIC 1	196,198,350
8. NAIC 1	
	2,500,000
9. NAIC 2	
10. NAIC 3	
11. NAIC 4	
12. NAIC 5	
13. NAIC 6	
14. Total Preferred Stock	
	2,500,000
15. Total Bonds and Preferred Stock	,,

<sup>(</sup>a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$........0; NAIC 2 \$.......0; NAIC 3 \$........0; NAIC 5 \$........0;

NAIC 5 \$........0;

### Sch. DA - Pt. 1 NONE

Sch. DA - Verification NONE

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

QSI03, QSI04, QSI05, QSI06, QSI07

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE E - PART 2 - VERIFICATION**

Cash Equivalents

Cash Equivalents								
	1	2 Prior Year Ended						
	Year To Date	December 31						
Book/adjusted carrying value, December 31 of prior year	47,253,653	41,327,204						
Cost of cash equivalents acquired	60,396,278	40,920,267						
Accrual of discount								
Unrealized valuation increase (decrease)	(14,125)	5,781						
5. Total gain (loss) on disposals	(10,219)	401						
Deduct consideration received on disposals	24,365,747	35,000,000						
7. Deduct amortization of premium								
Total foreign exchange change in book/ adjusted carrying value								
Deduct current year's other-than-temporary impairment recognized								
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	83,259,840	47,253,653						
11. Deduct total nonadmitted amounts								
12. Statement value at end of current period (Line 10 minus Line 11)	83,259,840	47,253,653						

Sch. A Pt. 2 NONE

Sch. A Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

### SCHEDULE D - PART 3

#### Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

				ring all Long Torri Borido and Otooko / to Qori					
1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
Bonds - U.S. Government									
912828 ZQ 6 UNITED STATES	TREASURY		06/30/2020 W	/ELLS FARGO		4,000,313	4,000,000	3,261	1
0599999. Total - Bonds - U.S. Govern	ment					4,000,313	4,000,000	3,261	XXX
Bonds - Industrial and Miscellaneous									
00138C AN 8 AIG GLOBAL FDG	SR SE		09/15/2020 M	ORGAN STANLEY		499,585	500,000		1FE
037833 DY 3 APPLE INC			08/13/2020 G	OLDMAN SACHS		1,995,140	2,000,000		1FE
06051G JD 2 BK OF AMERICA	CORP		08/13/2020 M	K TAXES SYS		1,015,930	1,000,000	2,125	1FE
172967 MQ 1 CITIGROUP INC			08/13/2020 C	ITIGROUP		1,091,190	1,000,000	11,130	1FE
191216 DD 9 COCA COLA CO.			09/14/2020 C	ITIGROUP		499,605	500,000		1FE
20030N DN 8 COMCAST CORP			08/11/2020 W	/ELLS FARGO		498,315	500,000		1FE
68233J BY 9 ONCOR ELEC DE	LIVERY		09/23/2020 M	ITSUBISHI		248,513	250,000		1FE
760759 AX 8 REPUBLIC SVCS	INC		08/11/2020 JF	P MORGAN		497,585	500,000		2FE
87264A BH 7 T MOBILE USA IN	IC		09/22/2020 Ba	ARCLAYS		256,648	250,000	1,452	2FE
3899999. Total - Bonds - Industrial ar	d Miscellaneous					6,602,511	6,500,000	14,707	XXX
8399997. Total - Bonds - Part 3						10,602,824	10,500,000	17,968	XXX
8399999. Total - Bonds						10,602,824	10,500,000	17,968	XXX
9999999. Total - Bonds, Preferred an	d Common Stocks					10,602,824	XXX	17,968	XXX

### SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

4	2	2 4			7	0	0	10	ı	Channa in D		Namina Malus		10	47	18	10	20	24	22
!	2	3 4	5	0	1	٥	9	10	4.4	Change in B	ook/Adjusted (	arrying value	45	16	17	10	19	20	21	22
									11	12	13	14	15							i
																				1
		F									Current							Bond		1
		0									Year's							Interest /		NAIC
		r							Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	Designation
		oi.						Prior Year	Valuation	Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	and Admini-
		a Diamond		Number of				Book/Adjusted	Increase	(Amortization)		in B./A.C.V.	Change in					Received	Maturity	
OHOID Liberitan	D	g Disposal	Name of Books and		0	D Val	A -11 O1			,			B./A.C.V.	Carrying Value at			(Loss) on			strative
CUSIP Identification	Description	n Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal	on Disposal	Disposal	During Year	Date	Symbol
Bonds - U.S. Govern	ment																			
36179M 2T 6	GNMA PASS-THRU M SINGLE	09/01/2020.	MORTGAGE PAYDOWN		120,033	120,033	130,912	121,583		(1,550)		(1,550)		120,033			0	3,892	02/20/2043.	1FE
36200Q 2T 0	GOVT NATL MTGE ASSN	09/01/2020.	MORTGAGE PAYDOWN		4,037	4,037	4,125	4,046		(8)		(8)		4,037			0	168	02/15/2032.	1FE
912828 UN 8	U S TREASURY	06/30/2020.	CITIGROUP		4,192,344	4,000,000	3,970,625	3,989,924		1,575		1,575		3,991,498		200,845	200,845	70,330	02/15/2023.	1
0599999. Tota	Il - Bonds - U.S. Government				4,316,414	4,124,070	4,105,662	4,115,553	0	17	0	17	0	4,115,568	0	200,845	200,845	74,390	XXX	XXX
Bonds - U.S. Special	Revenue and Special Assessment																			
31296S M5 2	FHLMC	09/01/2020.	MORTGAGE PAYDOWN		2,830	2,830	2,931	2,835		(6)		(6)		2,830			0	113	01/01/2034.	1FE
31297T WF 6	FHLMC PC	09/01/2020.	MORTGAGE PAYDOWN		8,376	8,376	8,009	8,351		25		25		8,376			0	292	09/01/2035.	1FE
3140K8 GU 9	FEDERAL NATL MG	08/01/2020.	VARIOUS		2,885,375	2,885,375	3,006,650			(15,312)		(15,312)		2,885,375			0	33,034	03/01/2050.	3FE
31411A JG 1	FEDERAL NATL MG	08/01/2020.	VARIOUS		7,695	7,695	7,745	7,697		(2)		(2)		7,695			0	340	11/01/2036.	1FE
31419A DS 3	FNMA PASS-THRU LNG 30 Y	08/01/2020.	VARIOUS		4,498	4,498	4,901	4,530		(32)		(32)		4,498			0	179	09/01/2039.	1FE
3199999. Total	I - Bonds - U.S. Special Revenue and Specia	l Assessments.			2,908,774	2,908,774	3,030,236	23,413	0	(15,327)	0	(15,327)	0	2,908,774	0	0	0	33,958	XXX	XXX
8399997. Total	I - Bonds - Part 4				7,225,188	7,032,844	7,135,898	4,138,966	0	(15,310)	0	(15,310)	0	7,024,342	0	200,845	200,845	108,348	XXX	XXX
8399999. Total	ll - Bonds				7,225,188	7,032,844	7,135,898	4,138,966	0	(15,310)	0	(15,310)	0	7,024,342	0	200,845	200,845	108,348	XXX	XXX
9999999. Tota	Il - Bonds, Preferred and Common Stocks				7,225,188	XXX	7,135,898	4,138,966	0	(15,310)	0	(15,310)	0	7,024,342	0	200,845	200,845	108,348	XXX	XXX

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DB - Pt. E NONE

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets reported in aggregate on one Line 10 of the Assets page and not included on Schedules A, B, BA, D, I							B, BA, D, DB and	Ł.)
1			2	3	4	5	6	7
					NAIC Designation			
					and			
				_	Administrative		Book/Adjusted	Maturity
CUSIP Ide	ntificati	on	Description	Code	Symbol	Fair Value	Carrying Value	Date
Cash Equiva	lents (	Sche	dule E Part 2 Type)					
000000	00	0	NOMURA SECURITIES	C		60,000	60,000	09/24/2020
000000	00	0	SOCIETE GENERALE NY BRANCH	C		50,000	50,000	09/24/2020
000000	00	0	HSBC SECURITIES,INC	C		40,000	40,000	09/24/2020
000000	00	0	MIZUHO SECURITIES USA INC	C		40,000	40,000	09/24/2020
000000	00	0	NATIXIS NEW YORK BRANCH	C		40,000	40,000	09/24/2020
000000	00	0	CITIGROUP GLOBAL MARKETS INC	C		35,980	35,980	09/24/2020
9199999.	Total	- Ca	sh Equivalents (Schedule E Part 2 Type)			265,980	265,980	XXX
9999999.	Total	S				265,980	265,980	XXX

#### General Interrogatories:

- The activity for the year: Fair Value \$.....(817,135) Book/Adjusted Carrying Value \$.....(817,135)

  Average balance for the year: Fair Value \$.....1,096,979 Book/Adjusted Carrying Value \$.....1,096,979 2.
- 3.

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets included on Schedules A. B. BA. D. DB and E and not reported in aggregate on Line 10 of the Assets page)

(36	cultiles lending collateral assets included on schedules A, b, bA, b, bb and	L and not repor	rteu iii ayyre	gate on Line 10 0	i ilie Asseis paye	;)	
1	2	3	4	5	6	7	l
			NAIC Designation				l
			and				ı
			Administrative		Book/Adjusted	Maturity	Ì
CUSIP Identification	Description	Code	Symbol	Fair Value	Carrying Value	Date	ı

General Interrogatories:

- The activity for the year: Fair Value \$.......0 Book/Adjusted Carrying Value \$.......0
  - Average balance for the year: Fair Value \$.......0 Book/Adjusted Carrying Value \$......0

# **NONE**

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE E - PART 1 - CASH**

Manth	L~4 D	:	Dalanasa
MOULL		BUUSILUI V	Balances

	spositoi y	Dalalices					
2	3	4	5	Book Balance at End of Each Month During Current Quarter			
		Amount of Interest	Amount of interest	6	7	8	
	Rate of						
Code	Interest	Current Quarter	Date	First Month	Second Month	Third Month	*
	0.280	1,587		12,762,705	9,964,043	9,675,392	XXX
XXX	XXX			(248)	(348)	(276)	XXX
XXX	XXX	1,587	0	12,762,457	9,963,695	9,675,116	XXX
XXX	XXX	1,587	0	12,762,457	9,963,695	9,675,116	XXX
XXX	XXX	1,587	0	12,762,457	9,963,695	9,675,116	XXX
	Code  XXX XXX XXX	2 3  Code Rate of Interest 0.280  XXX XXX XXX  XXX XXX  XXX XXX	Code         Rate of Interest         Received During Current Quarter	2         3         4         5           Amount of Interest Received During Code Interest         Amount of Interest Received During Current Statement Date         Current Quarter           XXX         XXX         XXX           XXX         XXX         1,587	2         3         4         5         Book Mont Mont Mont Mont Mont Mont Mont Mont	2         3         4         5         Book Balance at End of Month During Current Quarter           Amount of Interest Rate of Interest Code         Amount of Interest Accrued at Current Statement Date         First Month         Second Month	2         3         4         5         Book Balance at End of Each Month During Current Quarter           Code         Rate of Interest Current Quarter         Amount of Interest Accrued at Current Statement Date         First Month         Second Month         Third Month

### Statement for September 30, 2020 of the APPALACHIAN INSURANCE COMPANY

### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
							Amount of Interest Due &	
CUSIP	Description	Cod	de Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Accrued	Amount Received During Year
All Other Money Ma	rket Mutual Funds							
09248U 61 9	BLACKROCK LIQUIDITY TEMPFUND INST'L		08/31/2020	0.100		10,006,160		8,159
38141W 23 2	GOLDMAN SACHS FINANCIAL SQUARE INST'L		08/31/2020			13,017,947		12,746
4812A0 36 7	JPM PRIME MMKT-CAPITAL		08/31/2020	0.150		15,014,515		17,515
60934N 20 3	FEDERATED INST PRME OBL-IS		08/31/2020	0.130		20,059,896		58.884
61747C 71 5	MORGAN STANLEY INST'L LIQUIDITY MMF		08/31/2020	0.140		25,161,322		176,344
869999. Total - All Other Money Market Mutual Funds								273,648
8899999. Total - Cas	h Equivalents					83,259,840	0	273,648